

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

RECEIVED
FEC MAIL
OPERATIONS CENTER
2006 APR 14 P 1:59

1. (a) Name of Individual, Organization or Corporation NARAL Pro Choice America		3. FEC Identification Number C 90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1156 15th Street, NW, Suite 700		
(c) City, State and ZIP Code Washington, DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report

24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM
0 1 0 1 2 0 0 6
 THROUGH
0 3 3 1 2 0 0 6

6. TOTAL CONTRIBUTIONS **0 - 00**

7. TOTAL INDEPENDENT EXPENDITURES **7 9 4 0 2 6**

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM: **John Botts**

SIGNATURE: *John M. Botts*

DATE: **4/14/06**

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
 Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-594-1100

26039034413

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
NARAL Pro Choice America

Full Name (Last, First, Middle Initial) of Payee LSG Strategies	Date 03 18 2006
Mailing Address 2120 L Street, NW, Suite 305	Amount 6,518.78
City State Zip Code Washington, DC 20039	

Purpose of Expenditure Automated Calls	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John P. Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,940.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee LSG Strategies	Date 03 18 2006
Mailing Address 2120 L Street, NW, Suite 305	Amount 1,421.48
City State Zip Code Washington, DC 20039	

Purpose of Expenditure List Rental	Category/Type	Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 3 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: John P. Sullivan		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7,940.26		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	7,940.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	7,940.26

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>4/14/06</i>
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	Postmarked
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify): Next Business Day Delivery <input type="checkbox"/>	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

EW
 PREPARER
 (3/2005)

4/14/06
 DATE PREPARED

2603903415